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ABSTRACT

Many at-risk college students fail to avail themselves of the resources provided for them by their universities. In the interest of academic retention, colleges and universities are taking an increasingly proactive stance and contacting at-risk students to offer them specific services. This study compared retention rates for at-risk freshman students (N=171) who were sent assistance materials, to retention rates for control students (N=169). The subjects included second semester full-time freshmen with low grade point averages, first semester full-time commuting transfer students, and reinstated students with a low number of credit hours. Materials sent to the students included a cover letter highlighting the student's academic vulnerability, a checklist of causes of poor grades, and a resource manual describing materials available on campus to help students overcome problems. The results indicated that the three treatment groups did not differ significantly from the nontreatment control groups in their rates of retention or their rates of retention in good standing. These results suggest that the impact of a mailed intervention on the retention of students in academic jeopardy is highly questionable, if not negative. (BL)

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A Mailed Diagnostic and Prescriptive Retention Intervention for Three At-risk Populations of Students

Research Report #11-89

The Counseling Center Retention Study Group*

Vivian Boyd, Steven Carstens, Patricia Hunt,
Stanley Hunt, Thomas Magoon, Jean McDevitt

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A Mailed Diagnostic and Prescriptive Intervention With Three At-risk Populations of Students

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The University of Maryland College Park

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Summary

In the interest of academic retention, students in three populations generally considered at high risk of attrition were mailed, in the Spring of 1987, diagnostic and prescriptive material along with a letter explaining why the student is considered at risk of leaving before graduation and explaining how to use the materials to seek ourt resources on campus which help students increase their chances of remaining enrolled until graduation. The three at-risk groups were second semester freshmen with a cumulative grade point average between .001 and 1.5; first semester fulltime commuting transfer students; and reinstated students whose credit hours earned at UMCP were between 20 and 60.

Students in the three treatment groups did not differ significantly from their nontreatment controls in their retention rates or in their rates of retention in good standing. Results suggest that while the cost of the diagnostic and prescriptive approach is greatly reduced by designing it as a mailed intervention, the impact of the mailed intervention on the retention of students in academic jeopardy is highly questionable, if not negative.

A Mailed Diagnostic and Prescriptive Retention Intervention With Three At-risk Populations of Students

The Counseling Center Retention Study Group*
The University of Maryland College Park

Many at-risk students fail to avail themselves of the resources provided for them by their university (Romano & Young, 1981). One reason for this failure is that while students know about certain campus agencies - the undergraduate advising center, the financial aid office, and the tutor referral service, for example - few are aware of the existence or location of other campus support agencies which can provide substantial help to students (Altmaier, Rapaport, & Seeman, 1983).

In the interest of academic retention, colleges and universities are taking an increasingly proactive stance, and contacting at-risk students to offer them specific services (Glennon, 1976; Himelstein & Himelstein, 1977; Hudesman, Avramides, Loveday, Waber, & Wendell, 1983; Landward & Hepworth, 1984; Letchworth & Bleidt, 1983; Retention Study Group, 1986; Romano & Young, 1981; Tata, 1981; Tricomi, Donaruma, Dugan, & Cueves, 1982). Many of these studies reported effects on retention rates which were not durable and seemed only to delay attrition. However, both individual (Warman, 1983; Retention Study Group, 1986) and group (Retention Study Group, 1988) diagnostic and prescriptive sessions showed a positive effect on persistence and on

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academic performance for longer than the semester of intervention. Such interventions are costly in terms of professional staff time if done on a large scale.

An unpublished pilot study by the Counseling Center Retention Study Group found that second semester freshmen whose first semester grades were less than 1.48, who were mailed diagnostic and prescriptive material along with a letter from their undergraduate dean, tended to persist at a higher rate than did a nontreatment control group, and also did slightly better academically.

The purpose of the present study is to examine the efficacy of mailing diagnostic and prescriptive material to three at-risk populations, with an accompanying letter explaining why the student is considered at risk of leaving before graduation. The letter further explained how to use the material to seek out resources on campus which help students increase their chances of remaining enrolled until graduation. The three populations are known to have very poor retention rates at UMCP. They were:

1. Second semester fulltime freshmen with a cumulative grade point average between .001 and 1.5 (n=58, with a nontreatment control group of 50);

2. First semester fulltime commuting transfer-ins (n=55, with a nontreatment control group of 56);

3. Reinstated (in the spring of 1987) students whose credit hours earned at UMCP were between 20 and 60 (n=57, with a nontreatment control group of 53).

METHOD

Diagnostic and prescriptive materials were comprised of a Problem Checklist which lists twenty-six common causes of poor grades in higher education (Warman, 1983), and a Resource Manual which described for each of the problems in the Problem Checklist resources available on campus to help students overcome the particular problem. These diagnostic and prescriptive materials were sent along with a cover letter signed by the Director of the Counseling Center to the experimental subjects in the three target populations three weeks into the spring semester. The letter highlighted the fact that the student was in a vulnerable academic position, and explained how use of the enclosed diagnostic and prescriptive material could result in a successful semester.

Outcome Variables

There were two outcome variables studied to determine the effect of the intervention on subject retention rates:

1. Academic retention, defined as being enrolled at the beginning of a given semester;

2. Academic retention in good standing, defined as being enrolled at the beginning of a given semester and with no academic action taken as a result of the previous semester.

All data concerning registration status and academic actions were obtained from University records. These data were analysed for four semesters subsequent to the semester of intervention.

RESULTS

SECOND SEMESTER FRESHMEN IN ACADEMIC JEOPARDY

Table 1 shows the rates of academic retention for the treatment and control groups for second semester freshmen in academic jeopardy. There is no indication that these freshmen benefitted from the mailed materials in terms of their retention rates.

Table 1.

Academic Retention of At-risk Second Semester Freshmen

	Group				
	Treatment		Control		
Semester	n	%	n	%	p
initial n	58		50		
F '87	36	62	33	66	ns
S '88	31	53	30	60	ns
F '88	28	48	26	52	ns
S '89	29	50	23	46	ns

Table 2 shows the rates of academic retention in good standing for the treatment and control groups for this population. Already in academic jeopardy, these freshmen did not improve their standing in comparison to students who did not receive the mailed materials.

Table 2.

Academic Retention in Good Standing of At-risk Second Semester Freshmen

	Group				
	Treatment		Control		
Semester	n	%	n	%	p
initial n	58		50		
F '87	12	21	15	30	ns
S '88	21	36	19	38	ns
F '88	15	26	18	38	ns
S '89	24	41	21	42	ns

FIRST SEMESTER FULLTIME COMMUTING TRANSFER-INS

Table 3 shows the rates of academic retention for the treatment and control groups for first semester commuting transfer-ins in academic jeopardy. There is no evidence that the transfer students who received the materials were retained at higher rates than the transfer-ins who did not receive the materials.

Table 3.

Academic Persistence Rates for First Semester Commuting Transfer-ins

	Group				
	Treatment		Control		
Semester	n	%	n	%	p
initial n	55		56		
F '87	42	76	47	84	ns
S '88	36	66	39	70	ns
F '88	36	66	37	66	ns
S '89	31	56	35	62	ns

Table 4 shows the rates of academic retention in good standing for the treatment and control groups. There are no differences in academic standing between the transfer students who received the materials and those who were not contacted.

Table 4.

Persistence in Good Standing for First Semester Commuting Transfer-ins

	Group				
	Treatment		Control		
Semester	n	%	n	%	p
initial n	55		56		
F '87	31	56	36	64	ns
S '88	34	62	37	66	ns
F '88	34	62	34	61	ns
S '89	28	51	33	59	ns

REINSTATED STUDENTS WITH BETWEEN 20-60 CREDIT HOURS EARNED

Table 5 shows the rates of academic retention for the treatment and control groups of reinstated students with between 20 and 60 credit hours earned. While the reinstated students who received the mailed materials may have persisted in slightly greater numbers than those who were not contacted, the difference is not significant and disappears after their second semester following reinstatement.

Table 5.

Academic Persistence Rates for Reinstated Students

	Group				
	Treatment		Control		
Semester	n	%	n	%	p
initial n	57		53		
F '87	33	58	26	49	ns
S '88	24	42	21	40	ns
F '88	25	44	21	40	ns
S '89	19	33	21	40	ns

Table 6 shows the rates of academic retention in good standing for the treatment and control groups of reinstated students. There is no evidence that reinstated students increased their academic standing as a result of receiving the mailed materials.

Table 6.

Persistence in Good Standing for Reinstated Students

	Group				
	Treatment		Control		
Semester	n	%	n	%	p
initial n	57		53		
F '87	10	18	11	21	ns
S '88	13	23	9	17	ns
F '88	13	23	15	28	ns
S '89	16	28	12	23	ns

DISCUSSION

The results of these interventions were disappointing.

Students in the three defined at-risk subgroups who received mailed materials to help them identify and locate campus resources did not differ significantly from their nontreatment controls. Further, retention rates for the three at-risk subgroups were stunningly low.

Perhaps sending at-risk students a copy of the Problem Checklist and Resource Manual rather than using these materials as the basis of a face-to-face interaction between counselor/advisor and student is too impersonal an intervention to effect any change in the behavior of students in severe academic jeopardy or transfer students new to UMCP. Or perhaps receiving the diagnostic and prescriptive materials by mail provides students with a false sense of confidence. In a group or individual setting, the counselor/advisor can probe for the student's resistance to using the resources discussed, and bring the resistance out as an issue to be dealt with.

Programs focused on retention interventions need to balance, in a cost effective sense, the energy required to implement a given intervention against its probable effectiveness at increasing student retention rates. Results of the present study suggest that while the cost of the diagnostic and prescriptive approach may be greatly reduced by designing it as a mailed intervention, its impact on retention rates of students in great jeopardy of attrition is highly questionable, if not negative. Mailing retention-related material to severely at-risk subgroups of students does not, in and of itself, appear to be an effective

retention intervention.

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